



A State Agency Serving the People of Caroline County

Caroline County Health Department

Division of Environmental Health

Leland Spencer, M.D., MPH, Health Officer

Attilio Zarrella, Th.D., Deputy Health Officer

SANITARY CONSTRUCTION AND/OR SEWAGE HAULER LICENSE APPLICATION

DIRECTIONS: Complete items A-M attach fee and certificate of commercial liability insurance & workmen's compensation naming Caroline County Environmental Health Department as a certificate holder.

INCOMPLETE APPLICATION WILL NOT BE PROCESSED

A. Name of Business: _____

B. Owner of Business (one person) _____

FIRST NAME

LAST NAME:

C. Mailing Address: _____

Street address or P.O. Box number, City, State, ZIP--this is where permit and renewal applications will be sent.

D. PHONES: DAY: _____ CELL: _____ FAX: _____

E. EMAIL: _____

F. TYPE OF LICENSE (select ONE of the following):

___ Installer only (\$250 fee)

___ Hauler only (\$250 fee)

___ Both Sewage Hauler and Septic System Installer (\$500 fee)

Please make cash, check, or money order payable to CAROLINE COUNTY HEALTH DEPARTMENT

G. List on back mechanical equipment you own to install and/or pump septic systems (make/model number/year):

H. Do you own a surveyors level? (___) Yes (___) No

I. List on back other licenses (past or current) you hold or have held relating to sanitary construction.

J. Submit list of individuals in your firm who you are authorizing to sign on your behalf for permits to construct on-site septic systems (include typed names and their signatures, too) (See back)

K. Describe on back any experience you have relating to sanitary construction and/or hauling sewage.

L. If hauler, attach copy of most recent truck inspection (if inspected in another Maryland county). If your truck(s) not inspected by Maryland county, call 410/479-8045 to schedule an inspection--this application, insurance and fee must be received *before* the time of inspection. **Written agreement to dump waste at approved facility required too.**

M. Signature: _____ Date: _____

-----HEALTH DEPARTMENT ONLY-----

DATE REC'D _____ REC'D BY _____ RECEIPT# _____ \$AMOUNT _____ LICENSE ID# _____ (___) B (___) M

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403 S 7th Street, Rm 248, Denton, MD 21629

www.carolinehd.org

PHONE: 410/479-8045

FAX: 410/479-4082

G: List of mechanical equipment you own to install and/or pump septic systems

MAKE	MODEL #	YEAR

I: Other county licenses (past or current) you hold or have held relating to Sanitary Construction.

COUNTY	EXPIRATION DATE

J: Submit list of individuals in your firm who you are authorizing to sign on your behalf

PRINTED NAME	SIGNATURE

K: Experience you have relating to sanitary construction and/or hauling sewage.

OTHER:
